
2006 Exhibit 1: Continuum of Care (CoC) Application

U.S. Department of Housing and Urban Development

Office of Community Planning and Development

OMB Approval No. 2506-0112
(exp. 3/31/2009)

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Selection of applications for funding under the Continuum of Care Homeless Assistance are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce the Continuum of Care Homeless Assistance funding round. The information collected in the application form will only be collected for specific funding competitions.

Public reporting burden for this collection of information is estimated to average 170 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the Continuum of Care Homeless Assistance application does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Previous versions obsolete

form **HUD-40090-1**
(4/2006)

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Panhandle of Nebraska CoC	NE-505
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Panhandle Continuum of Care for Housing and Homelessness (PCoCHH)		
CoC Contact Person: Roy Lawton		
Contact Person's Organization Name: Panhandle Community Services		
Street Address: 3350 N 10th St		
City: Gering	State: NE	Zip: 69341
Phone Number: 308-635-3089	Fax Number: 308-635-0264	
Email Address: rlawton@pcswm.com		

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for **every** city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

Geographic Area Name	6-digit Code
Banner County	319007
Box Butte County	319013
Deuel County	319049
Scotts Bluff County	319157
Cheyenne County	319033
Dawes County	319045
Garden County	319069
Kimball County	319105
Morrill County	319123

Geographic Area Name	6-digit Code
Sioux County	319165
Sheridan County	319161

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

The purpose of the CoC Groups and Meetings Chart is to help HUD understand the current structure and decision-making processes of your CoC. List the name and role (function served) of each group in the CoC planning process. Under “CoC Primary Decision-Making Group,” identify only one group that acts as the primary leadership or decision-making group for the CoC. Indicate frequency of meetings and the number of organizations participating in each group. Under “Other CoC Committees, Sub-Committees, Workgroups, etc.” you should include any established group that is part of your CoC’s organizational structure (add rows to the chart as needed). Please limit your description of each organization’s role to 2 lines or less.

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
Example: CoC Primary Decision-Making Group						
Name:	River County Continuum of Care Executive Committee	X				5
Role:	This group meets to address current issues, set agendas for full CoC meetings, and determine project priorities.					
CoC Primary Decision-Making Group (list only one group)						
Name:	Panhandle CoC Board of Directors	X				6
Role:	This group meets to address current issues, current needs, and set agendas for full CoC meetings.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Long Term Funding Committee		X			5
Role:	Increase funding and other resources to fill housing/service gaps and to develop a long-term funding plan for homeless housing.					
Name:	Community Advocacy and Referral Committee		X			4
Role:	Increase awareness of Panhandle residents concerning homeless issues and to bring new and different people to the table.					
Name:	Gaps Analysis Committee		X			5
Role:	Increase quality of data on the housing/service needs of the homeless in the Panhandle. Obtain data numbers and sub-populations of chronic homeless, homeless and near homeless.					
Name:	Monument Family Connections Committee	X				7
Role:	Explore and pursue the opportunity to start a transitional homeless shelter for the Panhandle of Nebraska (located in Scotts Bluff County).					

CoC-C

D: CoC Planning Process Organizations Chart

List the names of all organizations involved in the CoC under the appropriate category. If more than one geographic area is claimed on the 2006 Geography Chart (Chart B), you must indicate which geographic area(s) each organization represents in your CoC planning process. In the last columns, identify no more than two subpopulation(s) whose interests the organization is specifically focused on representing in the CoC planning process. For “Homeless Persons,” identify at least 2 homeless or formerly homeless individuals.

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Nebraska Homeless Assistance Program (NHAP), Jean Chicoine, Director	STATE OF NEBRASKA		
	LOCAL GOVERNMENT AGENCIES			
	PUBLIC HOUSING AGENCIES			
	Scotts Bluff County Housing Authority	SCOTTS BLUFF CO		
	Morrill County Housing Authority, Nancy Bentley is Director of both agencies	MORRILL COUNTY		
	SCHOOL SYSTEMS / UNIVERSITIES			
	LAW ENFORCEMENT / CORRECTIONS			
	Chadron City Police Dept	DAWES COUNTY		
	Scottsbluff City Police Dept	SCOTTS BLUFF Co		
	Victim Assistance, Tom Hunter	SCOTTS BLUFF Co		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	OTHER			

PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Panhandle Partnership for Health and Human Service, Jeanie Ashley	HAS NETWORKED SERVICE PROVIDERS IN 11 PANHANDLE COUNTIES		
	Panhandle Community Services (PCS), Jan Fitts, Executive Director	MAIN FACILITY IN GERING WITH SATELLITE OFFICES IN 11 PANHANDLE COUNTIES	HIV/AIDS	Y
	(PCS) Roy Lawton, Director of Family and Community Services and Chair PCoCHH	SCOTTS BLUFF, MORRILL, KIMBALL, CHEYENNE AND BANNER COUNTIES		
	(PCS) Brent Anderson, Director of Youth Services, Gaps Analysis Comm, Monument Family Connections Board			
	(PCS) Mark LaBate, PCS Board of Directors, Kimball, NE, Veteran and active Veteran Advocate		VET	
	Family Rescue Services, Ann Beseke, Director Chadron, Dawes Co	DAWES, BOX BUTTE, SIOUX AND SHERIDAN CO		
	DOVES Hillary Wasserburger, Executive Director, Scottsbluff, Scotts Bluff County	SCOTTS BLUFF COUNTY	DV	
	Cirrus House Kendra Dean, Director	MAIN OFFICE IN SCOTTSBLUFF—COVERS THE 11 PANHANDLE COUNTIES	DV	
	Sunrise Community Services, Adult Emergency Shelter, Ann Young	DAWES COUNTY	SMI	
	Northwest Community Action Margo Hartman, Acting Director	DAWES, BOX BUTTE, SIOUX, AND SHERIDAN COUNTIES	SA	
	Red Cross, Barb Andrew, Representative	SCOTTS BLUFF COUNTY		
	NAF, Jose Torres, Director			

	FAITH-BASED ORGANIZATIONS			
	Potter's Wheel, Transitional Housing, Ken Trevithick, Director	SCOTTS BLUFF COUNTY		
	Banner County Ministerial Association, Roger Gillming	BANNER, KIMBALL & CHEYENNE COUNTY		
	FUNDERS / ADVOCACY GROUPS			
	BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
	Western Heritage Credit Union, Sabrina Guard	SCOTTS BLUFF CO		
	HOSPITALS / MEDICAL REPRESENTATIVES			
	Region 1, Panhandle Mental Health Ctr, Laura Richards, Director Michelle Chance, Coordinator for Cheyenne County	MAIN FACILITY IN SCOTTSBLUFF— SATELLITE OFFICES IN 11 PANHANDLE COUNTIES	SMI	SA
	Crisis Respite Center, Caroline Anderson, Program Coordinator Kay Gamut, Coordinator for Family Support Workers	SCOTTS BLUFF COUNTY	SMI	SA
	HOMELESS PERSONS			
	Jamie Brown Cohl	SCOTTS BLUFF CO		
	Sandra Davidson	SCOTTS BLUFF CO		
	OTHER			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

HUD is moving toward providing greater definition and setting standards on the governing process of Continuums of Care. Check the box for each question below, and explain briefly if necessary.

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. If your Continuum has not yet complied with any of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.		

CoC-E

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in 2006 to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters to CoC Membership	<input type="checkbox"/>	f. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	g. Announcements at Other Meetings	<input type="checkbox"/>
d. Email CoC Membership/Listserv	<input checked="" type="checkbox"/>		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	<input checked="" type="checkbox"/>	j. Assess Spending (fast or slow)	<input type="checkbox"/>
b. Review CoC Monitoring Findings	<input type="checkbox"/>	k. Assess Cost Effectiveness	<input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings	<input type="checkbox"/>	l. Assess Provider Organization Experience	<input checked="" type="checkbox"/>
d. Review Independent Audit	<input type="checkbox"/>	m. Assess Provider Organization Capacity	<input checked="" type="checkbox"/>
e. Review HUD APR	<input type="checkbox"/>	n. Evaluate Project Presentation	<input checked="" type="checkbox"/>
f. Review Unexecuted Grants	<input type="checkbox"/>	o. Review CoC Membership Involvement	<input checked="" type="checkbox"/>
g. Site Visit(s)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review Leveraging	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	e. All CoC Present Can Vote	<input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote	<input type="checkbox"/>	f. Consensus	<input checked="" type="checkbox"/>
c. CoC Membership Required to Vote	<input type="checkbox"/>	g. Abstain if conflict of interest	<input checked="" type="checkbox"/>
d. One Vote per Organization	<input type="checkbox"/>		

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

Using the format below, list the provider organizations and identify the service components currently being provided within your CoC. Place the name of each provider organization only once in the first column (add rows to the chart as needed), followed by an “X” in the appropriate column(s) corresponding to the service(s) provided by the organization. CoCs will only need to update this chart every other year.

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Housing Authority	x	x																
Chadron City Police Dept								x										
Scottsbluff City Police Dept								x										
Red Cross		x	x	x														
Panhandle Partnership for Health and Human Services							x						x	x	x			
Panhandle Community Services	x	x	x	x		x	x		x	x		x	x	x	x	x	x	x
Family Rescue Services				x	x				x									
DOVES				x	x				x									
Cirrus House		x	x	x					x	x	x	x						
Sunrise Community Services				x		x					x							
Northwest Community Action	x	x	x															
Potter’s Wheel Transitional Living		x	x	x					x	x	x				x	x		x
Banner County Ministries				x														
Region 1, Panhandle Mental Health				x							x	x						
Crisis Respite Center				x					x		x	x						
NAF										x					x	x		
Victim Assistance				x	x													
Native American Outreach				x		x			x	x	x				x	x		

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code □	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seas-onal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
DOVES	DOVES-Shelter	F			319157	FC	DV		13		13		56
Family Rescue Services	Family Rescue Shelter	F			319045	FC	DV		5		5		
PCS Youth Shelter	Youth Shelter	4	0		319157	M				12	12		
Panhandle Community Service	Homeless Assist. Prg.	4			319157	M							118
Panhandle Mental Health	Emergency Shelter	P			319157	M				6	6		
Sheridan Co. Ministries	Motel Voucher	N			319161	M							10
Salvation Army	Motel Vouchers	N			319157	M							105
Red Cross	Motel Vouchers	N			319157	FC							24
Chadron Police Dept.	Motel Vouchers	N			319045	M							10
Northwest Community Action	Motel Vouchers	4			319045	M							18
SUBTOTALS:			0		SUBTOT. CURRENT INVENTORY:				18	18	36		341
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.									
Panhandle Mental Health	Crisis Respite Ctr	P			319157	M				10			

SUBTOTALS:					SUBTOTAL NEW INVENTORY:					10					
Inventory Under Development		Anticipated Occupancy Date													
Monument Family Connections	Emergency Shelter	10/2006		319157	M		4	8	14	22					
SUBTOTAL INVENTORY UNDER DEVELOPMENT:										22					
Unmet Need							UNMET NEED TOTALS:						40		
1. Total Year-Round Individual ES Beds:				18	4. Total Year-Round Family Beds:							18			
2. Year-Round Individual ES Beds in HMIS:				0	5. Year-Round Family ES Beds in HMIS:							0			
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				0	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.							0			
												CoC-I			

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <div></div>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
PCS Housing Services	Valle Verde-Migrant	4		0	319157	FC		16	44		44
Potter’s Wheel	Potter’s Wheel	N			319557	YM				7	7
Panhandle Mental Health Ctr	Panhandle Mental Health Ctr.	P			319157	M				8	8
Christian Heritage	Christian Heritage Cntr.	N			319157	M				10	10
PCS Youth Services	Transitional	4		0	319157	FC		4	8		8

	Living										
PCS Youth Services	Supportive Housing	4	0	0	319157	M		2	4	2	6
SUBTOTALS:			0	0	SUBTOT. CURRENT INVENTORY:			22	56	27	83
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development		Anticipated Occupancy Date									
Cirrus House	Transitional Asst. Program	10/2006			319157	M				9	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:										9	
Unmet Need								UNMET NEED TOTALS:			
1. Total Year-Round Individual TH Beds:			27	4. Total Year-Round Family Beds:							56
2. Year-Round Individual TH Beds in HMIS:			0	5. Year-Round Family TH Beds in HMIS:							0
3. HMIS Coverage Individual TH Beds:			0	6. HMIS Coverage Family TH Beds:							0
Divide line 2 by line 1 and multiply by 100. Round to a whole number.				Divide line 5 by line 4 and multiply by 100. Round to a whole number.							

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
Cirrus House	Cirrus House	P			319157	M			32	20	52
		P									
SUBTOTALS:					SUBTOT. CURRENT INVENTORY:				32	20	52
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
SUBTOTALS:					SUBTOTAL NEW INVENTORY:						
Inventory Under Development		Anticipated Occupancy Date									
Scotts Bluff Housing Authority	HART Voucher Program	02/2006			319157	M				16	
SUBTOTAL INVENTORY UNDER DEVELOPMENT:										16	
Unmet Need					UNMET NEED TOTALS:					63	

1. Total Year-Round Individual PH Beds:	73	4. Total Year-Round Family Beds:	32
2. Year-Round Individual PH Beds in HMIS:	0	5. Year-Round Family PH Beds in HMIS:	0
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)	0	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)	0

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: <u>1/24/2006</u> (mm/dd/yyyy)	
(2) Identify the <u>primary</u> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>95</u> %	Emergency shelter providers
<u>80</u> %	Transitional housing providers
<u>75</u> %	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <u>primary</u> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-J

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Complete the following chart based on the most recent point-in-time count conducted. Part 1 and Part 2 must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Include homeless Hurricane Katrina evacuees in Parts 1 and 2, and complete Part 3 if applicable. Part 3 may be completed using point-in-time information or may be estimated if no point-in-time count has been done since September 1, 2005. Completion of a point-in-time count of sheltered and unsheltered homeless persons during the last week in January 2006 is not required. The next required point-in-time count of sheltered and unsheltered homeless persons must be completed during the last week of January 2007. For further instructions for filling out this section, see the Instructions section.

Indicate date of last point-in-time count: 1/24/2006 (mm/dd/yyyy)

Part 1: Homeless Population	Sheltered		Unsheltered	Total		
	Emergency	Transitional				
Number of Families with Children (Family Households):	7	63	34	104		
1. Number of Persons in Families with Children:	16	151	90			
2. Number of Single Individuals and Persons in Households without Children:	12		10			
(Add Lines Numbered 1 & 2) Total Persons:	28	151	100			
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total		
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	11		3			
b. Severely Mentally Ill			*			
c. Chronic Substance Abuse	50		* 4			
d. Veterans	12		*			
e. Persons with HIV/AIDS			*			
f. Victims of Domestic Violence	15		* 2			
g. Unaccompanied Youth (Under 18)	9		*			
If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:						
Data Source: <input checked="" type="checkbox"/> Point-in-time count OR <input type="checkbox"/> Estimate						
Part 3: Hurricane Katrina Evacuees	Sheltered		Unsheltered	Total		
Total number of Katrina evacuees	12		0	12		
Of this total, enter the number of evacuees homeless prior to Katrina	0		0	0		

*Optional for Unsheltered

CoC-K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input checked="" type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Other – please specify:
(4) Month and Year when next count of sheltered homeless persons will occur: _____	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
<u>63</u> %	Emergency shelter providers
<u>80</u> %	Transitional housing providers
<u>57</u> %	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input checked="" type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input checked="" type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input checked="" type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input type="checkbox"/>	Other – please specify:
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: <u>1/2007</u>	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.

CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information is to be as of the date of application submission.

M-1: HMIS Lead Organization Information

Organization Name: Panhandle Partnership for Health and Human Services		Contact Person: Jeanie Ashley
Phone: (308) 232-4537	Email: pphsmis@haysprings.net	
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input checked="" type="checkbox"/>		

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Panhandle of Nebraska CoC	NE-505		

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC-M-2

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason:
02/2004			<input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	6243	6243
2005	3390	3390

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	3	1	1
Emergency Shelter	9	2	2
Transitional Housing	4	1	0
Permanent Supportive Housing	2	0	0
TOTALS:			
b) Definition of bed coverage in HMIS (please review instructions)			
Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)		
Emergency Shelter (all beds)	12/2006		
Transitional Housing (all beds)	12/2006		
Permanent Supportive Housing (McKinney-Vento funded beds only)			

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation

Meeting 90% of the universal data elements for 75% or more of the clients served is one of the major challenges for participating agencies that receive HUD funding due to budget reductions. This ultimately reduced the number of HMIS ServicePoint user licenses within the Panhandle CoC by nearly 41%. Case Managers make up 97% of the HMIS ServicePoint users with licenses. It is not uncommon for Case Managers to work with families with several members within a household. In these instances, entering and/or updating client information in ServicePoint can take from one to two hours. Between working with clients and their case plans, entering case plans, services transactions and updating client profile information on ServicePoint, time constraints has been a major barrier for meeting HUD data elements requirements including bed coverage.

The reporting feature within ServicePoint has also been a major challenge for the Panhandle CoC. For example, client data that has been entered is not showing correct counts on the pre-defined HUD-40118 APR and Exhibit 1 reports. Additionally, ServicePoint Agency Administrators should be able to generate their respective agency reports for service planning, client tracking and data reports to be able to fulfill reporting requirements. However, ServicePoint Agency Administrators within the Panhandle CoC are currently unable to generate these reports because of the high level of technological skills required to accomplish reporting activities in ServicePoint. Alternative reporting solutions are currently being reviewed and analyzed by the five Nebraska ServicePoint System Administrators.

2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy, security) and the CoC's strategy to monitor and enforce compliance.

Participating agencies' ServicePoint Agency Administrators have been working closely with Case Managers within the Panhandle CoC to help them achieve data element requirements through a process called Data Quality Assessments developed by the Panhandle ServicePoint System Administrator. As a result of this, data quality has significantly increased but is less than 90% of the universal data elements for less than 75% of clients served.

The method used by the Panhandle CoC for privacy and security compliance is the current draft of the Nebraska Management Information System Policies and Standard Operating Procedures and on-going training by the Panhandle ServicePoint System Administrator.

Currently, the Nebraska Management Information System does not have a statewide standard in place to monitor and enforce compliancy. The Panhandle ServicePoint System Administrator has developed a 2-part Compliance Checklist that will be reviewed by the Panhandle CoC as its standard compliancy assessment for each participating agency that receives HUD funds and any agency that voluntarily participates in the HMIS.

**For further instructions on charts M-4 and M-5, see Instructions section at the beginning of application.

CoC-M-5

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Please provide local action steps and measurable achievements for attaining each of the 5 national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals to permanent housing. In the column labeled "Lead Person," please list one individual that is responsible for ensuring that the objective is met. You may list additional CoC objectives as needed. Please note that your Continuum will be reporting on your achievements with respect to each of these objectives in the 2007 application.

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	Begin new construction of eight 1-BR units with supportive services through Cirrus House for persons with serious mental illness (estimated 50% are chronically homeless) utilizing AHTF, Tax Credits, LB 8540 one-time new construction funds	8 beds			Kendra Dean, Bd Member, CoC Housing Director, Cirrus House
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Expansion of HART (Housing Assistance Rental Transitional) Voucher program to include 16.2 vouchers for permanent housing rental assistance in the Panhandle. NEW October 2005. The Panhandle received originally the equivalent of 14 vouchers via Region 1 Behavioral Health Authority. Region 1 contracted with the Scotts Bluff County Housing Authority to manage the program. This assistance will increase the number of persons staying in permanent housing through registered or authorized Behavioral Health emergency or community support services.	16 beds			Bonnie Lockhart, PMHC Housing Coordinator; Nancy Bentley, Director Housing Authority & CoC Bd member

3. Increase percentage of homeless persons moving from TH to PH to 61%.	HUD CoC grant for 9 TH youth (16-25 years) beds for up to 2 yrs with Cirrus House (estimate 100% chronically homeless persons). Cirrus House will have PH available to these members when ready to transfer along with supportive services. Data will be generated to track % of moving from TH to PH	9 beds			Kendra Dean, Bd Member CoC Housing Director Cirrus House
4. Increase percentage of homeless persons becoming employed by 11%.	All of the above 9 TH youth (16-25 yrs) will be eligible for Cirrus House's employment program for persons with mental illness. This employment program has a 10 yr success history and has over 30 work experience partners in the Scotts Bluff County community Currently under review in the state's 10 year plan is how to implement and sustain an employment program for persons using the State fund rental assistance transition voucher. Additional funding and or training will be utilized to coordinate with the local employment program operated successfully by Cirrus House	9 beds			Barb Sauer Transitional Employment Coordinator Kendra Dean, Housing Dir. Cirrus House
5. Ensure that the CoC has a functional HMIS system.	Continue administration and expand training and users on the Service Point HMIS system				Jeanie Ashley, HMIS Director, CoC HMIS Committee

Other CoC Objectives in 2006

1.Monument Family Connections—Emergency and Transitional Shelter	One of the largest gaps in our Continuum of Care is emergency shelter and transitional housing for men, women and families with or without children. Facilities and funding are under consideration for opening in 2006	22 beds			Nancy Bentley, President, CoC Board Member
2.Crisis Respite Center	Operated under the Region 1 Behavioral Health Authority—to provide 24 hour shelter and stabilization to persons in crisis. Crisis Respite estimates that 56% of those provided shelter with services in the past 10 months were chronically homeless persons.	10 beds			Carolyn Anderson, Crisis Respite Center Program Coordinator

CoC-N

O: CoC Discharge Planning Policy Chart

HUD McKinney-Vento homeless assistance funds are **not** to be used for projects that target persons being discharged from publicly funded institutions or systems of care. Check “Yes” or “No” in each box, as appropriate. *If “Yes” is indicated for “Formal Protocol Finalized” or “Formal Protocol Implemented,” include a brief summary of the formal protocol for each applicable system category. Your response in this section should take up less than 2 pages.

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Foster Care: Locally,, Cathy Carter, Protection and Safety Administrator has been invited to join our CoC and plans to become an active participant. Ms. Carter confirms the state policy which addresses discharge from state foster care, out-of-home care and general custody. A Policy and Procedures Manual guides the work of Protection and Safety. Discharge planning protocols seek to ensure a smooth transition from wardship to community living, connecting youth to needed community supports, while recognizing the strengths and needs of the ward. The protective service worker plan ensures that the youth continues to receive supported living into adulthood (age of majority is 19) and reflects the need for any continuity of programmed services such as educational and vocational services. The Transitional Plan to Adult Living through the school district is to be used for those receiving special education services to make the transition to living with the community while a case is closed when the ward/youth reaches the age of majority, the youth should maintain significant relationships and be connected to future case management when warranted (The Policy & Procedures manual is currently under revision 5/2006). In our Region, several youth-serving agencies coordinate our CoC response as youth age out of foster care. Jeanette Peterson with PALS, (Preparation for Adult Living) helps youth find apartments and provides case management. Christian Heritage is headquartered out of North Platte, NE but provides leases and case management for local youth who are aging out of foster care. Panhandle Community Services Transitional Living Youth Program (headed by Vicki Lawton) received HUC CoC funding in 2005 and has been able to expand their transitional youth program rental assistance and case management to 8 units. Together they refer youth to the most appropriate service, avoid duplication, and increase numbers of beds/rental units available to this ever growing population.</p>				
<p>Health Care: Regional West Medical Center, the largest of the health care facilities in our area has a current discharge planning policy in place. Other small rural medical facilities also coordinate with their local housing representatives. Discharge planning involves case management, assessment of patient needs and housing suitability and coordination with local housing resource persons. Region 1 Health Care discharge planning involves a smooth transition home, utilizing resources in the community. Many times, people are released to skilled nursing care via nursing home placements or transferred to smaller rural hospitals in their swing bed units. Discharge planning also involves MDE, wheelchairs, walkers, crutches, etc. Those patients needing stabilization (shelter with support services to prevent EPC) for crisis situations are discharged to the Crisis Respite Center. Regional West Medical Center Social Services Director, Shelly Fales, also reports coordination with DOVES, Housing Authorities, Eastwood Apartments, PCS Supportive Housing Program and utilizing their</p>				

own INN TOUCH hospital housing paid for with Hospital Foundation funds for housing discharge planning. Regional West Medical Center doesn't keep statistics on homeless or chronically homeless.

Mental Health: Nebraska's Behavioral Health Reform (LB40) authorized a bridge rental housing voucher program for rental housing assistance for persons with serious mental illness who were extremely low income to serve those populations under three priorities. Priority One: Consumers who are extremely low income and are discharged from an inpatient mental health commitment or are extremely low and are eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment. These consumers must receive registered or authorized Behavioral health services and/or the NE Medicaid program which will include case management by emergency or community support staff. Each consumer must have an Individual Service Plan (ISP) that includes: a) a goal of independent housing b) a contact person who is properly trained in identifying and assisting the individual with obtaining and maintaining adequate housing in the community and who can be contacted by a landlord if there are any problems. Document efforts to exhaust local options available in seeking rental assistance or if receiving assistance, may use the bridge rental assistance to maintain their housing. The Nebraska Legislature authorized \$2,000,000 for this "bridge" rental assistance program to be implemented state-wide due to the closing of their largest mental health institutions. Discharge planning begins with case management at the state level and is then transferred to emergency and community support teams.

In our CoC region, Region 1 Behavioral Health Authority received \$70,000 for Housing Assistance Payments and \$11,800 for administration. They have contracted with the Scotts Bluff County Housing Authority to manage this new rental assistance resource. Discharge planning from state facilities is coordinated through the Region 1 Behavioral Health Authority with local community support assigned to provide sustainable services and housing planning. The Crisis Respite Center opened in 2005 to provide stabilization and temporary shelter to those persons leaving commitment or to avoid commitment. Discharge planning including housing & emergency supportive services begins when placement at the Respite Center occurs. The rental assistance vouchers can be used for housing assistance as well as other related housing costs such as utility deposits, security deposits, utility assistance, damages, basic home appliances, furnishing such as bed, couch, table & chairs, etc. The program plan was developed from July to September, 2005 with full implementation 10/2006. In addition, a one time new construction contract for housing for persons with serious mental illness was awarded to Cirrus House in the amount of \$97,785 which was leveraged with Affordable Housing Trust Funds and NIFA Tax credits for 8 new units of permanent housing. The 2007 program plan is being developed by Region 1 Behavioral Health Authority and the Housing Authority. The Continuum of Care serves as the advisory steering committee which will review the new plan at their June CoC meeting. The new plan increases the FTE amount from .25 to .50 to administer and manage the program. HAP funding remains constant.

Corrections: The Nebraska Department of Corrections has developed a formal protocol for discharge planning and secured a pilot reentry program grant for North Omaha wherein \$300,000 allocated for housing. The final initial/updated discharge plan record was revised 6-28-05, The regulations were last updated May 18, 2005. Each case manager will be responsible for conducting discharge planning with inmates assigned to their caseloads. A final discharge plan will be completed on each inmate who is scheduled to discharge with/without parole at least 90 days prior to discharge. Unit staff and discharging inmates will work together to review and consider the inmate's residence plan, behavioral health plan for a continuum of care, medical appointments,

supply of medications, employment plan, community and family support available in the discharge area. This plan will aide the inmates with their transition into the community. Each facility or program will develop procedures for coordinating resources, telephone calls, special visits, referral to local suitable housing, community resources, etc. to assist in the final discharge plan. Locally, the parole representatives work closely with returnees to assess their needs and formalize their plan for housing as they return to any community.

CoC-O

P: CoC Coordination Chart

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of the existing homeless system and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs. Answer each question in the checkbox provided, using an X to indicate Yes or No for each.

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name:*						CoC #:			
(1) SF-424 Applicant Name (Please Remove Examples)	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Panhandle Partnership for Health & Human Services	Panhandle Partnership for Health & Human Services	Panhandle Homeless Management Information Systems	1	\$95,689			HMIS		
			2						
			3						
			4						
			5						
			6						
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$95,689					
(9) Shelter Plus Care Renewals:****						S+C Component Type**			
			7		1				
			8		1				
			9		1				
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$					
(11) Total CoC Requested Amount:				\$95,689					

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do **not** add any rows). Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Panhandle Continuum of Care for Housing and Homelessness (CoCHH)	\$7,595

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:														
Type of Housing			All SHP Funds Requested (Current Year)		Renewal Projections									
			2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)			\$76,906		\$76,906		\$76,906		\$76,906		\$76,906		\$76,906	
Safe Havens-TH														
Permanent Housing (PH)														
Safe Havens-PH														
SSO														
HMIS			\$31,896		\$31,896		\$31,896		\$31,896		\$31,896		\$31,896	
Totals			\$108,802		\$108,802		\$108,802		\$108,802		\$108,802		\$108,802	
Shelter Plus Care (S+C) Projects:														
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections										
		2006		2007		2008		2009		2010		2011		
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
0														
1														
2														
3														
4														
5														
Totals														

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Increase education of Panhandle residents concerning chronic homeless issues and the state definition of “chronically homeless”	<p>1.1. Review the state chronic homelessness plan. Identify aspects of the plan that are specific to the Panhandle.</p> <p>1.2. Invite agencies that work with chronically homeless residents to the CoC table</p>	<p>1.1.a. The Community Advocacy and Referral Committee has reviewed the state plan and has begun gathering information to be used in a brochure to educate and inform Panhandle residents re: chronic homeless issues.</p> <p>1.2.a. This same committee also put together a list of agencies that currently serve the chronically homeless and have begun inviting them to the CoC meetings.</p> <p>1.1.b. This list of agencies was used to include agencies that serve the chronically homeless in the Point In Time Survey.</p>
2. Increase bed capacity of housing agencies for chronically homeless residents	<p>2.1. Identify and contact the agencies that are targeting the chronically homeless in the Panhandle.</p> <p>2.2. Have open dialogue and research the possibility of an adult homeless transitional shelter.</p>	<p>2.1.a. The HART Program which provides housing for chronically homeless residents has begun accepting its first participants.</p> <p>2.1.b. This year the Crisis Respite Center with an additional 10 beds has opened and is now a part of the Panhandle CoC</p> <p>2.2.a. A sub-committee was formed to research the possibility of an adult homeless transitional shelter—they now have a Board of Directors, elected officers, and their own 501c3</p>
3. Increase quality of data on the housing and supportive services needs of the chronically homeless	<p>3.1. Work with other state HMIS System Administrators to work the “kinks” out of the system.</p> <p>3.2. Work with statewide Nebraska Management Information System to address reporting gaps and issues throughout the state.</p>	<p>3.1.a Throughout the year, Jeanie Ashley, our HMIS System Administrator, has met with the other two System Administrators in Nebraska on several occasions working on reporting issues especially dealing with reporting chronically homeless numbers.</p> <p>3.2.a. Jeanie acts as liaison between</p>

		<p>state agencies and our panhandle agencies.</p> <p>3.2.b. Jeanie uses this role as liaison to address data quality and additional training issues with the HMIS users.</p>
Other Homelessness Goals		
1. Increase education of Panhandle residents concerning homeless issues	<p>1.1 Bring new and different people to the table. Include people that are homeless.</p> <p>1.2 Create an educational outreach strategy to educate Panhandle residents about housing and homeless issues.</p>	<p>1.1.a. The CoC meetings are moved around between the northern, central and southern panhandle. This allows for a much larger and more diverse group of attendees at the meetings.</p> <p>1.2.a. The Community Advocacy and Referral Committee is putting together an informational brochure and packet that will help fill the gap in the education piece.</p> <p>1.2.b. The Panhandle CoC participated in the Orange Ribbon Campaign for Hunger and Homeless week put forth by the Nebraska Community Action Agencies.</p>
2. Develop funding and other resources to fill housing and service gaps	<p>2.1. Encourage CoC members to attend conferences and workshops that provide information on funding and resources.</p> <p>2.2. Design and carry out community activities that help local agencies financially as well as in awareness.</p> <p>2.3. Look for additional funding and present the information to Continuum members</p>	<p>2.1.a. A large group from our local CoC attended the Conference on Housing and Homelessness in Kearney last summer.</p> <p>2.2.a. November 2005, the Panhandle CoC held an event called Stuff the Truck—the purpose was to provide for Panhandle pantries.</p> <p>2.2.b. February 2006, the Panhandle CoC held a fundraising/awareness event called “Hearts for the Homeless.”</p> <p>2.3.a. One of our Continuum members (Sunrise Community Services) applied for and received a one-year \$50,000 Capacity Building</p>
3. Increase quality of data on the housing and supportive services to the homeless and near homeless	<p>3.1. Contact current HMIS users to find out possible training needs and gaps.</p> <p>3.2. Contact Western Nebraska Community College (WNCC) to provide for the training of state and local HMIS users.</p> <p>3.3 Specifically contact HMIS users to work on site-specific</p>	<p>3.1.a. Jeanie, has contacted Panhandle agencies and put together a strategic plan for enrolling new HMIS users</p> <p>3.2.a. Jeanie has communicated with Panhandle agencies via email regarding upcoming trainings (data entry, case management reporting, report writing, etc)</p> <p>3.2.b. In addition to training sessions at WNCC, Jeanie is also working</p>

	data entry issues.	with WNCC to develop a curriculum for the WNCC Applied Occupational Studies program. This includes basic computer training, Excel spreadsheet, Introduction to Databases, Microsoft Access database, ServicePoint, Managing Case Plans electronically and ReportWriter. 3.3.a. Jeanie has traveled to the different communities spending time face-to-face with data entry people working on the quality data issues.
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CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	Example: 90	45					
2005	Example: 82	50					
2006	Example: 75	60	10	\$15,480	\$31,420	\$40,350	\$12,750
2004	46	20					
2005	26	22					
2006	48	31	0				

(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).

Because our point in time count was so similar for 2004 and 2006, we feel that the difference may be because of data quality and some anomalies with the point in time reporting for 2005. In looking back over the CoC records, the number of chronically homeless has remained relatively constant. For 2006 reporting, we will be able to count the HART vouchers for permanent housing that are specifically designed for the chronically homeless (16.2 vouchers). With these vouchers we expect that the Number of CH Persons will be reduced in 2007.

CoC-V

W: CoC Housing Performance Chart

The following chart will assess your CoC's progress in reducing homelessness by helping clients move to and stabilize in permanent housing, access mainstream services and gain employment. Both housing and supportive services projects in your CoC will be examined. Provide information from the most recently submitted APR for the appropriate RENEWAL project(s) on your CoC Project Priorities Chart. **Note:** If you are not submitting any renewals in this year's competition for the applicable areas presented below, check the appropriate box in the chart.

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input checked="" type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input checked="" type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	
b.	Number of participants who moved to PH	
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

HUD will be assessing the percentage of clients in all your renewal projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for each of the renewal projects included on your CoC Priority Chart. For further instructions for filling out this section, see the Instructions section at the beginning of the application.

<input checked="" type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
<i>Example:</i> 105	a. SSI	40	38.1%
<i>Example:</i> 105	b. SSDI	35	33.3%
	a. SSI		
	b. SSDI		
	c. Social Security		
	d. General Public Assistance		
	e. TANF		
	f. SCHIP		
	g. Veterans Benefits		
	h. Employment Income		
	i. Unemployment Benefits		
	j. Veterans Health Care		
	k. Medicaid		
	l. Food Stamps		
	m. Other (please specify)		
	n. No Financial Resources		

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

It is fundamental that your CoC *systematically* helps homeless persons identify, apply for and follow-up to receive benefits under **SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.** Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible?

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? ☐ Yes ☒ No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: 0 %

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")? Check all that apply: <input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates. <input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc. <input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities. <input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.		

CoC-AB